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AUTHOR Smiley, Nina Feldman
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ABSTRACT

Twelve focus groups were conducted to determine how various at-risk groups would respond to Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) educational outreach approaches presented via print (posters and comic book), television, and radio media. Knowledge, attitudes, and practices regarding HIV and AIDS were also investigated. Members of the Ulster County New York AIDS Consortium were trained as focus group facilitators and moderators to conduct these sessions. While there were certain outreach aspects that achieved consensus, these were all technical in nature. On all other points, preferences, judgments, personal history, gender, and other sensitivities shaped reactions, demonstrating the difficulty of creating a single approach that would effectively reach all audiences. (The report describes what each of the 12 focus groups favored and what they disliked. Reactions to these outreach efforts emphasize the need to do early message testing in developing educational materials. It is clear that a number of aspects that writers/designers of these materials assumed would work were generally not successful. Equally important is the fact that certain aspects worked well for some audiences but not for others. The depth of fine tuning possible after focus groups like these is unlikely to be achieved with any other methodology. An AIDS topic guide for facilitators and recorders is included.) (ABL)

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RESPONSE BY HIGH RISK GROUPS TO HIV/AIDS EDUCATIONAL OUTREACH: A FOCUS GROUP REPORT

By: Nina Feldman Smiley, Ph.D.

1992

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RESPONSE BY HIGH RISK GROUPS TO HIV/AIDS EDUCATIONAL OUTREACH: A FOCUS GROUP REPORT

Prepared for the Ulster County AIDS Consortium

By: Nina Feldman Smiley, Ph.D.

Eleanor Brown
Project Coordinator

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Project Participants

Bill Arnold
Jim Van Benschoten
Joseph Berenis
Michael Berg
Eleanor Brown
Jackie Brownstein
Karen Burt
Suzanne Campbell
Joe Deschenes
Billy Easton
Elsie Ellis
Jane Elven
Lois Frazzetta
Cecelia Glennon
John Haeselin
Marry Jalloh
Lorraine Kohn
Debbie Kwiatoski
Jim O'Leary
Karen Leone
Molly Lucente
Kate McGloughlin
K.J. McIntyre
Enrique Noguera
Kenneth Packer
Barbara Patrov
Ann Penman
James Quirk
Dan Robb
Marge Roth
Nina Smiley
Barbara Sorkin
Ruth Staber
Kathy Wade
Alice White

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EXECUTIVE SUMMARY

A total of 12 focus groups were conducted to determine how various at-risk groups would respond to HIV/AIDS educational outreach approaches presented via print (posters and comic book), television, and radio media. Knowledge, attitudes, and practices regarding HIV and AIDS were also investigated. Members of the Ulster County AIDS Consortium were trained as focus group facilitators and moderators to conduct these sessions.

Reactions to these outreach efforts emphasized the need to do early message testing in developing outreach materials. It was clear that a number of aspects of each media that were intended to be effective, simply did not work. Equally important was the finding that certain aspects worked well for some audiences but did not work for others, emphasizing the need for a segmented approach in preparing educational efforts.

While there were certain outreach aspects that achieved consensus (i.e., the need for clear language and readable print and a preference for including an 800-number AIDS information hotline on all materials), these were all technical in nature. On all other points, preferences, judgments, personal history, gender, and other sensitivities shaped reactions, demonstrating the difficulty of creating a single approach that would effectively reach all audiences.

The report that follows contains an in-depth comparison of groups' reactions to various approaches across the range of media presentations, as themes are drawn out via contrasting responses. In the present Executive Summary, the highlights and diversity of each group's reactions are noted as follows:

- **Family House Teens** (Recruited from a shelter for runaway and homeless youth, ages 13 - 17).

In the print media, this teen group preferred simplicity, favoring a poster that they found "short, simple, and to the point." They agreed that a poster needed "impact" and should be able to shake them up to be effective. This group felt overwhelmed by a poster that provided a great deal of written information. Family House Teens generally felt that the comic book approach "spoke to them" and was effective because it "didn't get preachy."

Regarding television PSAs, Family House Teens liked best a spot that had strong background music and used humor as an attention grabber. They were annoyed with the lack of reality found in a "soft focus beautiful child spot," stating that life is not "a fairy tale."

Of the radio spots, this group related best to a spot they felt was "believable and realistic," in which a young woman described the impact that becoming HIV+ had upon her life.

- **SCORE Teen Leaders** (High risk youth involved in leadership and peer education, ages 14 - 15).

Regarding print media, this group liked best a poster that they called "very powerful," which utilized a "fear" approach. They also responded favorably to a poster that drew on a celebrity spokesperson (Whoopi Goldberg) to make an appeal. Although this group appreciated the poster that provided a great deal of written information, they were uncomfortable with it because they did not entirely trust the poster's accuracy. Accuracy was again an issue in this group's reaction to a poster that addressed IV drug users. Males especially disliked this poster because the picture was not an accurate portrayal of drug paraphernalia. Reactions to a blacked-out poster with a cryptic tag line was negative. Participants did not like feeling confused and struggled to understand the meaning.

SCORE Teen Leaders felt the comic book effectively made its point and was useful, despite some sentiment that it was "corny."

Regarding television PSAs, this group also liked the combination of humor and music. In their reactions to a second PSA, which showed several people who were in denial of being at risk, SCORE Teen Leaders commented that this spot made them more aware of their own level of denial, but did nothing to change it. The soft focus beautiful child PSA was greeted with dislike and cynicism.

A radio spot, that asked listeners to respond to questions probing their own sense of being at-risk, evoked a thoughtful and positive reaction. The spot describing the impact of becoming HIV+ was seen as believable but "too long."

- **Rondout Valley High School Teens** (Ages 15 - 18).

In general, this group did not respond to the print medium. None of the five posters struck a responsive chord with these high schoolers. The comic book was seen as immature and tacky by this group. As one male suggested, the way to get through would be to "scare us more and make it sick."

Once again, the television spot with music and humor was liked best by this group. Similarly, the soft focus beautiful child spot was disliked, described as "looking like a Wonder Bread commercial." High schoolers felt that an effective spot would be "grim and shocking instead."

Neither of the two radio spots appealed to the high school group.

- **YWCA Teen Parents/Single Mothers** (Ages 20 - 22).

The celebrity spokesperson (Whoopi Goldberg) poster was liked best by this group who found Whoopi to be both believable and "cool." Several liked the poster that contained a great deal of information, finding that it "answered many questions you've had in your own mind" that "doctors won't take time to review." YWCA Teen Parents liked the comic book approach, feeling that it put the situation into "real life."

The television spots worked less well with this group. They felt that the soft focus beautiful child spot "really stunk" and were the only young persons' group to dislike the music and humor television PSA, calling the content "unbelievable." The denial shown in the spot where actors were filmed saying "it couldn't happen to me" made a few people in this group feel uncomfortable.

Both radio spots were felt to be effective. The spot that asked questions served to make this group think. On the other hand, the spot describing the impact of becoming HIV$^+$ was called "really believable."

- **Ulster County Community College** (Students ages 19 - 33).

This group responded most favorably to the poster designed to elicit fear, remarking, "Using a fear tactic is good. It drives home the point that you can go so quickly." Females in this group appreciated the content of the blacked-out poster in that it affirmed the role that women should take in sharing responsibility for condom use.

In reacting to the television spots, the UCCC students expressed the feeling that the soft focus beautiful child spot was effective because "children make it touching" and "you want to protect them."

- **Family Shelter** (Individuals recruited from a shelter for battered women, ages 27 - 34).

This group found the fear tactic poster effective, because "it makes people stop and think." They also liked the celebrity poster because it was an "attention getter." In contrast, they questioned the accuracy of the poster that attempted to convey a great deal of information. The blacked-out poster was seen as "weird," and their sense was that the comic book had not worked.

The spot that was most appealing to this group was the radio spot which described the impact of becoming HIV$^+$. The group felt that "the personal approach of someone telling her own story really works."

- **Darmstadt Shelter** (Persons recruited from a crisis intervention residence for homeless persons, ages 24 - 40).

Some in this group liked the poster that provided a great deal of information, saying. "it allays fears so we can stop worrying." They also liked the content of the poster that urged women to share responsibility for condoms, but commented that "it isn't as easy as saying, 'Let me help you.'" (Other media were not shown to this group.)

- **HIV$^+$ Support Group** (Males only, ages 26 - 49).

The celebrity (Whoopi Goldberg) poster was viewed as very effective. They noted, "Whoopi is an eye catcher. Her concern is a very powerful message." This group also liked the poster that provided a great deal of information, finding it to be useful, believable, and effective. They reacted with dismay to a line on a poster describing AIDS as a "slow, painful, ugly way to die." They felt that the statement was "offensive and will alienate those with HIV." The comic book was not perceived as an effective approach by this group.

The television spot that showed people who became HIV$^+$ after stating, "it can't happen to me" was seen as very effective, especially for people who are HIV$^+$. This group wondered, however, if it would be as striking to persons who are not HIV$^+$. As did many other groups, this group disliked the soft focus beautiful child spot, feeling it was "too schmaltzy."

The radio spot that raised questions to consider was perceived as very effective in getting people to stop and think.

- **Men Involved With the Probation System** (Ages 25 - 58).

This group generally responded well to the print medium. The "fear approach" poster worked well for this group, as did the "celebrity approach." They perceived the comic book as being useful for teens.

Regarding television, the soft focus beautiful child spot charmed many in this group who felt that children were notably effective as communicators. This group liked the spot with strong music and humor, feeling that it pulled them in immediately.

Radio also worked well for this group. The radio spot that posed questions was liked because it "makes you focus on yourself." The spot describing the impact of becoming HIV$^+$ was perceived by the group as speaking directly to "people like me."

- **Parents** (Adults recruited by the Mental Health Association, females ages 29 - 39).

This group felt the "fear" and "celebrity approaches" were most effective in the set of posters presented. They questioned the accuracy of the informational poster. They generally felt that the poster encouraging women to share responsibility for condom use was annoying, because it minimized the difficulty of getting a partner to consent to such a request. The comic book was perceived as "corny, stereotyped, and too long."

The television spot that showed many different people who had become HIV$^+$ was seen as very effective. This group appreciated the diversity of those portrayed. They did not like the use of humor in the television spot, feeling that it distracted from the message. Their reactions to the soft focus beautiful child spot were negative. They wanted to see something with more impact.

Regarding radio, some liked the spot that raised questions, because they "like to take self-tests in magazines." This group responded very favorably to what they perceived as a "middle-class message" in the spot describing the impact of becoming HIV$^+$, identifying with the ways in which their own lives would become disrupted by such an event.

- **Ulster County Mental Health Methadone Program** (Adults recruited from a chemically dependent group, ages 30 - 40).

This group responded well to use of a "fear approach" as well as a "celebrity approach," feeling that the media stars were effective attention grabbers. Responding favorably to a poster that showed drug paraphernalia with the message to quit using, this group felt "it speaks directly to me." The comic book was seen as a useful approach for reaching younger persons.

Regarding television, this group liked the spot with strong music and humor best. Their reaction to the soft focus beautiful child spot was mixed with such comments as, "it's a little emotional but it makes you think."

- **Ulster County Mental Health, Drug Free Program** (Adults recruited from an addicted population currently working to be drug free, ages 25 - 38).

This group found the "fear approach" poster "confusing and ridiculous." They liked the "celebrity approach" best, because they felt that people would listen. The "informational approach" was greeted with cynicism regarding the medical establishment. They felt, "this is what they know now, and it will change." The drug-related poster irritated this group. They found it "too sanitary" and felt it was

inaccurate based on their own experience. Several felt that using a comic book "made the whole issue into a joke."

In the television spots, the one with strong music and humor was seen as most effective. Although they felt that children might be effective in a spot, the soft focus beautiful child spot did not appeal to this group who suggested showing "something stronger, like babies suffering from AIDS."

The radio spot describing the impact of becoming HIV$^+$ was angrily perceived as "knocking" drug users and a "real turn off."

In summation, teen and adult groups alike acknowledged the complexity of attempting to do AIDS educational outreach. Comments such as "you need a variety of approaches...;" "you need different posters for teens; adults, men, women...;" "it has to be something that sticks to my brain...;" all underscore the importance of a multi-media effort aimed at specific target audiences.

FOCUS GROUP REPORT

ON HIV/AIDS EDUCATIONAL OUTREACH

I. Overview of Project:

A. Objective:

The purpose of this project was to determine how at-risk groups respond to a variety of HIV/AIDS educational outreach approaches presented across different media.

B. Structure:

Using a qualitative research framework, a series of focus groups was conducted to explore the impact upon specific at-risk audiences of radio and television public service announcements and print materials (comic book and posters).

C. Planning Phase:

After initial discussions, the Ulster County AIDS Consortium Project Planning Committee determined that focus groups would be the best method for developing an in-depth understanding of reactions to existing HIV/AIDS outreach media. One primary advantage of the focus group methodology is that such groups provide a very rich set of data. Participants' own words and realities become vividly apparent as group members share their feelings and perceptions. At the beginning of each session, participants are told that "there is no right or wrong answer to any question," allowing a vivid tapestry of responses to emerge. Because of the nature of this project, focus groups were deemed necessary to provide the necessary depth of insight with which to shape future HIV/AIDS educational outreach. It is important, however, to note that focus group data do not provide quantitative results that can be projected onto general populations.

Having chosen the methodology, the research instrument, "The Topic Guide for Facilitators and Recorders," was developed with a small group of advisors from the Consortium to shape the focus group sessions. (See Appendix.) This instrument contained open-ended questions with follow-up probes designed to elicit the full depth of participants' reactions to the media presented. Open-ended questions regarding knowledge, attitudes, and practices related to at-risk behaviors were also included.

D. Training Phase:

Members of the AIDS Consortium that participated in the project were trained by the investigator to facilitate and record information at focus group sessions to be undertaken within their own communities. This one-day training insured consistency of data collection within each focus group. Facilitators were trained to ask additional questions or to re-word questions in order to adjust to changing circumstances within their groups. This insured the most in-depth collection of information.

E. Research Phase:

A total of 12 focus groups were conducted at different locations and with different audiences. These included:

- Family House Teens: Recruited from a shelter for runaway and homeless youth (9 females, 4 males; ages 13 to 17).
- SCORE Teen Leaders: High-risk minority youth involved in leadership and peer education (4 females, 3 males; ages 14 to 15).
- Rondout Valley High School (4 females, 5 males; ages 15 to 18).
- YWCA Teen Parents (4 single mothers; ages 20 to 22).
- Ulster County Community College (6 females, 3 males; ages 19 to 33).
- Family Shelter: Recruited from a shelter for battered women (3 females; ages 27 to 34).
- Darmstadt Shelter: Recruited from a crisis intervention residency for homeless persons (3 females, 2 males; ages 24 to 40).
- HIV^+ Support Group (4 males; ages 26 to 49).
- Men Involved with the Probation System (10 males; ages 25 to 58).
- Parents: Recruited by the Mental Health Association (7 females; ages 29 to 39).
- Ulster County Mental Health, Methadone: Recruited from a chemically dependent group (1 female, 3 males; ages 30 to 40).
- Ulster County Mental Health - Drug Free: Recruited from an addict population currently working to be drug free (7 females, 2 males; ages 25 to 38).

II. Knowledge, Attitudes, and Practices:

Before reacting to information presented by various forms of media, participants responded to a series of open-ended questions to assess their knowledge base regarding HIV/AIDS. Attitudes and practices of peers and self were also discussed.

A. Knowledge:

As an initial open-ended question, participants were simply asked, "tell what you know about AIDS." This question helped explore the baseline of knowledge in each group.

Participants in the teen groups were generally well informed about HIV/AIDS. In each teen group, participants noted that the virus could be transmitted sexually, as well as through sharing needles in IV drug use. Several teen groups mentioned that the virus affects the immune system and can be transmitted in blood transfusions. Rondout Valley High School students noted that most AIDS "victims" die of pneumonia and that hemophiliacs are especially at risk via blood transfusions. Ulster County Community College (UCCC) students remarked that the virus can be transmitted in breast milk from mother to child. Some groups mentioned kissing as a mode of transmittal, although the UCCC students explicitly stated that kissing was not a high-risk behavior.

Adults were also quite well-informed. Similar to teen groups, adult groups all mentioned risk factors of sexual and IV drug transmission; several mentioned transmission during pregnancy and in breast milk. Adult groups were less likely to mention saliva as a mode of transmission, but were more likely to refer to the chance of getting infected from dentists (Darmstadt Shelter, Probation, and Drug Free) and mosquitoes (Probation, HIV$^+$, and Drug Free).

Most groups, teen and adult alike, appeared to understand the difference between being HIV$^+$ and having AIDS, making such statements as, "Someone who's HIV$^+$ has no symptoms but is a carrier, while AIDS is the disease showing up itself;" "HIV$^+$ is asymptomatic; AIDS is symptomatic;" "HIV$^+$ is the incubation period, AIDS is full blown;" and "HIV$^+$ is the dormant phase of the AIDS disease."

Many adult participants knew someone who was HIV$^+$ or who had AIDS. A number had already lost someone to the disease. Although less so, several teens had also become acquainted with the disease in this manner. As these experiences appeared to affect responses about knowledge, attitudes, and practices as well as reactions to media throughout the focus groups, they will be noted.

B. Attitudes:

In discussing who they would go to with a question about HIV or AIDS, teens and adults responded similarly in mentioning doctors and the

AIDS Hotline. Teens (especially females) were more likely to say Planned Parenthood, while adults were more likely to suggest the Health Department and ARCS (AIDS Related Community Services). Many across ages were concerned about confidentiality. While teens tended to assume "doctors are knowledgeable," adults were concerned about accuracy of information, with several groups stating "the health profession doesn't know enough about the disease."

When asked to describe "being at risk" and "high-risk behavior, participants mentioned the same behaviors that were evoked when they were initially asked to tell what they knew about AIDS. Teens expanded their initial responses by mentioning anal sex, unprotected sex, sex with Haitians (UCCC), being blood brothers, oral sex, sex with bisexuals, and sex with Haitians, Africans or Virgin Islanders (Family House Teens). They also widely mentioned tatoos and ear piercing as potential risks. Steroids and acupuncture were only mentioned once (UCCC), while having blood drawn at a hospital and vaccinations were suggested as high risk by those who did not trust the medical profession to maintain adequate standards of sterilization (YWCA Teen Parents and Family House Teens).

Adults mentioned oral sex, body sores, ear piercing, anal sex (Methadone and Darmstadt Shelter), blood donations, steroids (Family Shelter and Methadone), singles bars, and getting manicures (HIV^+) as potential risks. Being a medical professional was perceived as a high-risk profession (HIV^+, Drug Free, Family Darmstadt, and Probation). Adults also sat the medical profession as creating risks during vaccination or treatment (Darmstadt Shelter and Family Shelter). All teen and adult groups except for SCORE Teen Leaders said they perceived people who drink heavily as being at greater risk than others. This was because "lowered inhibitions and blackouts can lead to risky behaviors."

Responding to a query of whether or not their friends were scared of getting infected, teens gave a mixed response. Several teen groups described their peers as "feeling invulnerable" (SCORE Teen Leaders), "being into denial" (Family House Teens), or "not aware of how easy it is to get AIDS" (YWCA Teen Parents). Others commented, "everyone I know is scared" (UCCC). Rondout Valley High School students noted, "girls are more scared of getting pregnant than of getting AIDS."

Teens felt that their friends were engaging in high-risk behaviors because denial is strong enough to overcome knowledge of risk. They stated, "Our friends don't think it can happen to them. They said the same about pregnancy" (Rondout Valley High School). The immediacy of the moment also tends to overwhelm judgment. As one teen noted, "If

you want to get high or get laid, you just don't care" (Family House Teens). Regarding sexual behavior, another remarked, "people decide based on who 'looks safe,' although you really can't tell" (YWCA Teen Parents).

Overall, adults tended to believe that their friends were scared of getting infected. A few noted that people are into denial at the same time that they are scared. They are trying to believe "it won't happen to me" (Drug Free). Participants who knew persons who were HIV$^+$ or who had AIDS appeared more likely to say that their friends were scared. Those who had friends in the health professions mentioned that this community feels vulnerable (Parents). The HIV$^+$ group voiced the opinion, "everyone's scared in the gay community. The straight community wasn't scared until recently because they could call it a gay or drug user disease. Younger straights, about 18 to 25 years old, still feel invulnerable, and they're not worried."

Despite this perceived fear, adults believed that their friends were still taking risks. Several groups saw the straight community as denying the reality of the disease's ability to affect their own lives. Adults also noted that their friends tend to feel "it won't happen this one time, and they then let every time be the one time" (Parents). One group mentioned, " individuals have their own perception of what high risk is. They may really not see themselves as risking, especially if they see AIDS as a homosexual, poor, IV drug user disease" (HIV$^+$). Several participants remarked that some drug users "crave drugs and ignore the risk" (Drug Free), while others voiced the opinion, "some people feel if they did it once [took a risk], they must be infected, so why bother to take precautions now" (Methadone).

Regarding their own fears, teens usually said they were not especially worried. Some were more worried about their friends, noting, "I'm not doing risky stuff but some of my friends are" (SCORE Teen Leaders, UCCC, and Rondout Valley High School).

In contrast, virtually all adults in the study admitted they were scared for themselves. Some remarked that they were afraid that past high-risk behaviors could lead to problems in the present or future (Drug Free and Methadone). Some have had tests for the virus come back negative and are still worried (Probation and Methadone). A few groups mentioned their fear that they might someday have an accident and need a blood transfusion (Family Shelter and Parents). A nurse in one group voiced concern over past risks taken before current knowledge of transmission was learned (Parents). The honesty of sexual partners about

HIV$^+$ status was viewed with concern in at least one group (Family Shelter).

C. Practices:

Regarding prevention of getting the infection, teen groups all mentioned the importance of having safer sex and either not shooting up or not sharing needles. To prevent giving the infection, most recommended honesty with all sexual partners or abstinence. Family House Teens also mentioned not becoming blood brothers, while UCCC incorrectly advised against donating blood. One group suggested that some people might be angry over getting infected and actually want to give the virus to others (YWCA Teen Parents).

Adults mentioned safer sex and not sharing needles as primary means of preventing infection. Many also described the importance of asking new partners about past sexual and drug use history. Using foam with a condom was mentioned (Drug Free and Methadone), as was getting tested for HIV infection (Family Shelter, Darmstadt Shelter, and HIV$^+$) and using dental dams (HIV$^+$). As in the teen groups, honesty was seen as the primary factor in protecting others. Two groups (Drug Free, and Methadone) remarked that some people might be angry and seek to be promiscuous to give the disease to others.

Although teens were aware of precautions against getting the virus, they were doubtful that people would actually change existing at-risk sexual behaviors. Abstaining from sex was not seen as realistic for teens, especially by males who remarked, "guys are horny." A very few thought that people might be willing to cut down on the number of sexual partners. Family House Teens voiced the opinion, "you can cut down on numbers and increase frequency and still have the same amount of sex, and help your reputation besides." Some felt that condom use was likely to increase and several said they were trying to do so themselves, but all agreed, "in the heat of the moment, all bets are off." Condoms were seen as more desirable by females, who are also worried about getting pregnant, than for males whose pleasure is dulled by such use. Some felt embarrassed over buying condoms (Rondout Valley High School and Family House Teens) and some saw condoms as less than readily available (Rondout Valley High School and SCORE Teen Leaders).

Teens perceived at-risk drug behavior as even harder to change than sexual behaviors. They described addicts as irrational and very difficult to change, noting, "addicts won't take the time to clean a needle if they're

intent on getting high" and commenting, "people don't make good decisions with their minds in an altered state."

Adults were also doubtful that at-risk sexual and drug-related behaviors would easily change. Abstinence from sex was seen as unlikely "because people enjoy it too much." A few said they perceived that promiscuity was on the decline, although others disagreed. For themselves, especially women, condom use was seen as the most likely opportunity for change. Several voiced the hope that condoms would become even more readily available than they are now. They noted that dispensers in rest rooms (in diners, night clubs, or bars) would be opportune locations. Adults, as did teens,.felt that drug users would not be likely to change their ways, commenting, "when drug users want a fix, they want a fix NOW!"

III. Reactions to Media:

This section describes teen and adult groups' reactions to outreach materials in the form of posters, television public service announcements (PSAs), radio spots, and a comic book.

A. Posters:

Participants were shown a set of five posters. Each represented a different approach or audience segment about risk education. Aspects of provoking fear, using a celebrity spokesperson, providing information, addressing IV drug users, and supporting safer sex were explored in discussion of these posters.

Poster #1 — Provoking Fear: "License Could Expire"

This full-size poster presented a teenager's photo on a license, with the heading, "If you get the AIDS virus now, you and your license could expire at the same time." Additional writing on the bottom talked about the HIV virus and AIDS and provided, at the very bottom, the number 1-800-342-AIDS.

This poster evoked a mixed reaction among teens. SCORE Teen Leaders liked this poster best, calling it "very powerful." Others felt it didn't work. YWCA Teen Parents, Family House Teens, and Rondout Valley High Schoolers got the message, but generally felt it was "blah," "not eye catching," and "something they wouldn't stop to read." A few felt that the writing on the bottom was too small.

In contrast, UCCC participants liked the poster very much, especially males. They commented, "A license is a focal point. Almost everyone has one." "Using a fear tactic is good. It drives home the point that you can go so quickly."

Several adult groups (Parents, Family Shelter, Methadone, and Probation) felt the poster was "powerful," "strong," and "believable," saying that they "liked the use of a fear tactic, because it makes people stop and think." A few thought it was more appropriate for persons younger than themselves, but found it effective nevertheless. Providing an AIDS information number was appreciated, although one person commented, "it would help to state 'For information, Call 1-800-342-AIDS.' That would clarify what the number is for and make it easier for kids to know it's OK to call."

In contrast, two groups (HIV$^+$ and Drug Free) disliked this poster, calling it "confusing and ridiculous." One group (Darmstadt Shelter) appeared to be completely confused by this poster, interpreting the message as saying that HIV-infected persons should have a notation on their driver's license stating their condition. It is interesting to note that this confusion provoked a heated discussion, ranging from, "Why not? People should know who has it. Even diabetics have bracelets" to "An AIDS necklace would be an invasion of privacy." Those who knew someone who was HIV$^+$ or who had AIDS were less likely to support the idea of "markers" for infected persons.

While this poster received a mixed review from teens and adults alike, several participants found the message "powerful" and felt that a fear tactic was very effective. The notably strong positive reaction of the UCCC group, along with the Parents group, suggested that the driver's license image may have touched a chord in middle class adults that was especially effective when paired with a fear technique.

<u>Poster #2 — Celebrity Spokesperson: "Whoopi Goldberg"</u>

This poster was smaller than the others, presenting a full head shot of Whoopi saying "Don't die of embarrassment." Small print on the bottom went on to say that condoms can help prevent AIDS and that one should not be "too embarrassed" to insist on their use. A number specifically labelled "AIDS Hotline" was provided.

Of all the teen groups, the YWCA Teen Parents were the ones who liked this poster the best, finding Whoopi a believable spokesperson,

saying, "She speaks to us; she's cool!" "You've got to say it and use it even if you're embarrassed."

SCORE Teen Leaders also found it believable and liked having the Hotline number specifically identified. The other teen groups, however, did not like the poster. Family House Teens found the small print too small, remarking "It's not clear that the embarrassment is about AIDS unless you read the tiny print." Rondout Valley High Schoolers thought this poster "didn't say anything."

Generally, adults liked the Whoopi poster even better than teens. Many of the adult groups chose this poster as their favorite among the five. Women tended to like the poster better than men, although men also found it useful. Adults agreed with teens that the small print and smaller size of the poster worked against effectiveness.

The Parents group felt, "Whoopi has credibility." "This poster is catchy and useful." "It's a good slogan." "Kids would listen." They wanted, however, to take out some of the wording on the bottom of the poster that they saw as a "weasel factor." In the statement, "insist on the use of a condom if you have sex with a person whose health and drug history is unknown," the word "unknown" was seen as providing an easy out for avoiding safer sex practice. That is, "he's a friend of a friend, so it must be OK."

As viewed by the Family Shelter, HIV$^+$, Drug Free, Methadone and Probation groups, "Whoopi is an eye catcher. That a well-known person is willing to say this gives a powerful message that someone cares." These groups agreed, "stars are people you listen to." Regarding language, as one person also noted, "The word 'die' is very strong. People can relate to dying of embarrassment."

Agreement that media people attract attention and have an impact came through clearly. Although both sexes appreciated the "star value" of this approach, women more than men related to this poster — in part, because Whoopi is female and in part because the theme of embarrassment around condom use touches more of a female response. Not surprisingly, full size and readable print appear to be important variables in the effectiveness of poster presentations.

Poster #3 — Providing Information: "Stop worrying about how you won't get AIDS and start worrying about how you can."

This full-size poster listed 38 ways that people cannot get infected (e.g., from a hug, from tears, from food, from a dog bite, etc.) and three ways that you can (from an infected sex partner, from sharing infected drug needles, by being born to an infected mother). It did not provide a telephone number.

Teens had mixed reactions to this poster. In the YWCA Teen Parent group, some found it useful because "it answered many questions you've asked in your own mind" and "it gave information that doctors won't take the time to review in detail." SCORE Teen Leaders liked "knowing all the things you can do and not get AIDS." But even professing to like the poster, both groups felt some conflict over fully believing the accuracy of the information, remarking "IF you believe it, you've got some answers" and arguing over whether or not kissing could spread the infection.

Family House Teens and Rondout Valley High students felt there was "too much writing" and "no one would read it." They felt it would only be useful if it were placed "where people are standing on line."

Across the adult groups, some participants in the HIV$^+$, Darmstadt Shelter, and Probation groups liked this poster saying it "allays fears so we can stop worrying;" "it provides answers without having to ask directly;" and "it makes me want to get more information." Most others found it "too wordy," "too busy," and "too complex." Several (Family Shelter) voiced a concern similar to teens that "pieces of information may be inexact or incorrect." The Drug Free group stated this more cynically, "This is what they know now, and it will change again." A few in the Parent's group remarked, "some of these items on the poster are ridiculous."

All agreed that an AIDS Hotline number should be listed anytime a poster is presented.

The volume of writing on this poster overwhelmed most participants. A more subtle problem in this informational approach was revealed in the readers' low level of trust about the accuracy of these statements. While information may be communicated, these responses emphasized that it is not necessarily believed. It is possible that "unattributed" information such as the statements on this poster may be more "suspect" than citing an expert source. It is also possible that this poster tried to do too much and "debunk" too many myths at one time.

Poster #4 — Addressing IV Drug Users: "When You Share Needles You Could Be Shooting Up AIDS."

This full-size poster showed a picture of a needle and a cooker being held by hands preparing an injection. Small print on the bottom stated that people can get AIDS from sharing infected needles. The action step was "Stop shooting up AIDS. Get into drug treatment. Call 1-800-662-HELP."

Many of the teens could not relate to this poster. Reflecting their middle class setting, Rondout Valley High students said, "We really don't know anyone who uses needles." YWCA Teen Parents felt similarly, "This is for drug users not for me."

SCORE Teen Leaders disliked the picture (especially males), saying, "you can't tell if it's a cooker." They thought that the words made sense, but the picture didn't. Family House Teens also disliked the image, calling it "too clean" and suggesting that it "needs more impact to be effective." At least one participant disliked the content, arguing that the message should say "Don't **do** needles, not don't **share** needles."

Across the groups, adults who were not IV drug users were also unable to relate to this poster, finding it "too specific" and "confusing if you don't shoot up." Several Parents did not know what the cooker was.

A few in the HIV$^+$ group pointed out wording that distressed them in the small print on bottom: "There is no cure for AIDS. It's a slow, painful, ugly way to die." They noted that this last line "is offensive and will alienate those with HIV."

Several participants who were more familiar with the drug scene reacted negatively to this poster from their own knowledge base, saying, "the picture is all wrong and it's too sanitary; they should show blood" (Drug Free group). Interestingly, others in this category reacted favorably, actually liking this poster the best of all five, "It's scary but it tells the truth. It speaks directly to me" (Methadone group). Participants from the Family Shelter found this poster "believable and clear," but noted the problem "when you're using drugs you just don't care about anything, you just want to get high."

As with teens, some adults were confused about the poster's message, asking, "Is it don't do drugs or don't share needles?" Several were concerned that a telephone number for an AIDS hotline should be included on the poster with the drug treatment number. In a distinct

minority, a few participants from the Darmstadt Shelter found the dual message of drugs and AIDS to be helpful and effective, though none were IV drug users.

This poster addressed a specific audience with a specific message. Those outside the target group were unable to relate to the message, Indeed, some found it confusing or unacceptable. Yet, even within the specific target audience, some negative reaction occurred. The importance of testing each concept within the target audience in developing outreach is clearly evident. Reviewing the language used in outreach materials also emerged as critically important considering the sensitivities of all the overlapping segments (e.g., HIV/AIDS) that will see any given outreach effort.

Poster #5 — Practicing Safe Sex: "Let Me Help You."

The words, "Let me help you" are written in the corner of a full-size blacked-out poster. Underneath the boldface caption, it reads, "If you want him to use a condom, this is all you have to say." Smaller print beneath provides an AIDS hotline number.

Family House Teens were the only youngsters to like this poster. Both sexes found it useful and thought it was "short," "simple," and "to the point." They also commented, "it lets you know that women also have to take responsibility" and "tells you it's OK to help put on a condom."

Other teens felt the poster "didn't work." Some were confused over the meaning of the phrase "Let me help you" (YWCA Teen Parents) and questioned the "black out." SCORE Teen Leaders disliked the poster because they felt confused. One participant even created his own interpretation of the meaning, "He's a dead person because he didn't use a condom and now he's trying to help you." Rondout Valley High Schoolers disliked the poster because there was "nothing on it."

In the adult groups, many agreed that the black out effect was "weird" (Family Shelter) and felt it was a waste of time to have a poster without a picture (HIV$^+$). Overall, women tended to like this poster better than men.

Several women in the UCCC and Drug Free groups found the poster "reassuring" and liked the way it suggested "sharing responsibility." Participants in the Parents group liked the poster because "it made women part of the process," but also felt it minimized the difficulty of getting a partner to go along with the request to use a condom. This

perceived lack of realism annoyed the group. One person commented, "This poster could be empowering for girls, but it's not believable for women."

Women in the Darmstadt Shelter group liked the poster because "it would make you feel more comfortable talking to a man about using a condom." They also felt a picture would be more eye-catching, but suggested that maybe the black-out was intentional so that the statement on condoms could apply for gays as well. They thought this poster would be effective placed in YWCAs and women's shelters but recognized "some men don't like to use rubbers, and it isn't as easy as saying 'Let me help you.'"

Several men (Probation) found the message confusing, asking, "Help you with what?"

While the black-out effect attracted attention, it appeared to irritate many viewers. The phrase "Let me help you" was ambiguous or confusing to some. As with the Whoopi Goldberg poster, the content struck more of a women's chord in responsivity. Yet again, it also created a subtle sense of irritation as some women felt the issue of shared responsibility for condom use was being trivialized in the implicit statement that such behavior might so relatively easily be brought about.

B. Television:

Three television public service announcements were shown.

Television PSA #1: "Sofa"

The first spot ("Sofa") showed a teenage couple beginning to neck on a couch when their television came on with a black announcer talking about the risks of having sex with someone you don't know. The teens shut the TV off, but the announcer kept coming back as the TV turns itself on and interrupting them until they finally pay attention.

Overall, this spot was quite well liked.

Across the groups, teens clearly liked this spot best of the three, finding it "funny, effective, and attention grabbing" with good music as background. Those who knew someone who was HIV$^+$ or someone who had AIDS found this spot especially appealing.

A few found it somewhat unbelievable, as one YWCA Teen Parent commented "when you're revved up like that, you don't care." And one high schooler found it embarrassing because he did "not like watching other people make out."

Again, across the groups, adults also liked this spot, for reasons similar to teens, calling it "funny, believable, and an attention grabber."

Only two groups had negative comments. One of the HIV+ participants responded that this "would not be a good spot for gays" and the Parents group felt, "the humorous aspect of the TV turning itself on detracted from the message and made it unbelievable."

Television PSA #2: "HIV Positive"

The second television spot (HIV Positive) was a 30 second collage, in which several people who were being interviewed were saying they would never get infected along with several who had said the same thing in the past and then gotten infected. Interviewees who were not infected were shown in black and white, while those who were infected were shown in color.

Teens and adults revealed a similar pattern of reactions to this spot, responding positively to content and negatively to style.

Groups liked how this spot showed that heterosexual and preppie people can get AIDS too, and it did not stereotype its examples of everyday "real" people who were HIV-infected. In general, however, many did not like the format, saying "it jumped around too much," was "too choppy," "too blurty," and found it "hard to pick up what was said." Several didn't like the switch from black and white to color. A few thought the switch should have been done in reverse, with HIV-infected persons being shown in black and white to emphasize the starkness of their condition.

In specific comments from teens, the YWCA Teen Parent group and SCORE Teen Leaders commented on the denial seen on screen. One of the YWCA participants remarked, "seeing people in denial makes me uncomfortable." A SCORE teen talked about his own strong level of denial, noting "This still didn't have any impact on me because I believe I'm not going to get it if I don't do drugs and don't have any homosexual contact."

Two adult groups liked this TV spot best. The Parents group found this spot believable and useful, expressing appreciation for the use of regular middle-class people, an athlete, a student, and a heterosexual housewife, in getting the point across. The HIV+ group also liked this spot best, but personalized their reactions, wondering if it would work for persons who were not HIV-infected.

Television PSA #3: "Wonderful World"

The final spot ("Wonderful World") was a 60 second soft focus segment of children playing in a meadow with flowers and sunlight. As viewers watched, a little girl approached the camera and stated, "when I grow up, I want ..." emphasizing her desire for a better world, one in which everyone grows to a ripe old age.

Interestingly, this spot provoked some of the strongest reactions, both negative and positive.

Teens unanimously disliked this spot. Although the message came through, they felt it was "phony, corny, and unrealistic." The SCORE Teen Leader group reacted to this spot with cynicism saying, "She knows doggone well the world isn't going to be a better place. Why not have a kid who says I know what the deal is, and I'm going to protect myself." YWCA Teen Parents agreed that this spot "really stunk." Again, cynicism mixed with anger was evident, "Innocent people **do** get AIDS. The world isn't a fair place!" Family House Teens were also annoyed with the lack of reality of the child and her world, "She wants it to be a fairy tale. Life ain't like that nowadays." "Better to shoot it in Brooklyn and have the kid walking around drug dealers." Rondout Valley High students felt the spot looked like "a Wonder Bread commercial... an ad for United Way... or a plug for laundry detergent." They agreed with the sentiment of Family House Teens, "It should be grim and shocking instead."

While many adults also disliked this spot, some adults found it effective. Those who disliked it saw it as "schmaltzy," "sugar coated," and "too commercial." Several adults suggested that children could be very useful as spokespersons, but it would be more effective to show children suffering from AIDS (Drug Free and Parents).

Exceptions to this sentiment were in the UCCC group where they felt, "children make it touching" and "you want to protect them." In the Probation group, people remarked, "that little girl walked into my heart" and "children speak the truth, so we better listen." A few others agreed that this spot was "a little emotional, but it made you think" (Methadone).

In reviewing the pattern of responses overall, it is interesting to note that television treatments appeared to have consistently strong impact, both in positive and negative directions. The humor of the first spot, "Sofa," served to grab attention and get a serious point across. The second spot, "HIV Positive," emphasized the importance of having content and style work together for effective outreach. The third, "Wonderful World," was a striking illustration of the way in which the best-intended outreach might actually "turn viewers off."

The pitfalls of doing a broad brush HIV/AIDS education campaign without investigating different target audience reactions becomes readily apparent within this microcosm of three public service announcements. The importance of knowing the different audience segments, their reactions and viewing habits emerges as critical in planning and evaluating a public education program. Armed with this knowledge, spots that are tailored to a specific audience segment may be shown on targeted channels and at targeted times, running less risk of alienating other viewers.

C. Radio Spots:

Two spots were tested.

Radio Spot #1: "Christina"

This 60 second spot featured a young woman's voice stating that she was not a drug user or promiscuous and describing the impact that becoming HIV+ had on her life, affecting all her friendships and relationships and dashing her dreams of someday getting married and having children.

Teens were mixed in their reactions to this spot. Family House Teens liked it very much, finding it "believable, realistic, and good to hear from someone who has it now." YWCA Teen Parents also agreed that this spot worked well. "It's good to show her shock that this can't happen to me, it must be a mistake. That's really believable. It must be a common reaction." SCORE Teen Leaders and Rondout Valley High students both agreed that the spot was believable, got the message across, but was too long. The High Schoolers found it "boring" and wondered how she got HIV, while the SCORE group felt it "was too personal and had no information."

Adults tended to like this spot. Women appeared to like it better than men. Parents liked the "middle class message of wanting to get

married and have children" that Christina was communicating. They thought Christina sounded real and liked the music. Methadone participants also liked the music, finding it appropriately sad to match the message. They, as well as participants at the Family Shelter, felt, "the personal approach of someone telling her own story really works" and found Christina to be "clear, believable, and direct." Those in the Probation group found this spot effective, touching, and realistic.

On the negative side, several in the HIV+ group felt they were distracted from the message by wondering how she got infected, since Christina went out of her way to say she wasn't in an at-risk group. Drug Free participants reacted with anger towards this spot, feeling it was a "put down" of them. "It's good to know you don't have to use drugs to get AIDS. This knocks drug users. It would turn them off." They appreciated, however, having the 800 number stated.

Radio Spot #2: "Ask Yourself"

This 60 second spot offered the listener several questions to probe his or her own sense of being at risk for HIV infection. The announcer was male and took an objective third party tone rather than speaking from personal experience.

Teen reaction to this second spot was again mixed. While YWCA Teen Parent and SCORE Teen Leaders both said this spot "spoke to them and made them think," Rondout Valley High students and Family House teens did not like this spot.

Adults tended to like this spot. Several across different groups mentioned that they "enjoyed taking self tests" and liked that it "forced them to focus on themselves." Men and women responded equally well to this spot. The HIV+ and Probation groups especially liked this spot's message "to be honest with yourself."

It is interesting to note that "Christina" and "Ask Yourself" seemed to be appealing to listeners on different levels. As the Methadone group noted, "'Christina' makes you feel more and 'Ask Yourself' makes you think more." The pattern of preference for these two spots reveals that participants responded well to both spots, preferring not to choose a clear-cut favorite.

D. Comic Book: A Close Encounter

This 14-page full-color comic book portrayed a racially mixed group of urban high school teens at play and at school. Jackie, the female protagonist, is being pursued by Tony an attractive drug seller/user who wants to get her high and then have sex. Jackie's friends are worried about her until Jackie finally realizes that Tony is not worth the risk. The comic ends with Jackie giving readers advice such as: "Being high can make it hard to say no...; That means risking exposure to... herpes, gonorrhea, syphilis and AIDS...; Protect yourself... [by] using condoms... Not having sex is the best protection of all."

Overall, teens liked the comic book. They felt the message came through clearly and that this medium was generally effective for their age group. There were, however, a few reservations along with some interesting variations in responses across the teen groups. Family House Teens (all of whom knew someone who was HIV+ and many of whom knew someone who had died of AIDS) liked the comic best of all the teen groups. Indeed, teens who knew someone who had died of AIDS felt most strongly about the merits of this type of outreach. In general, Family House Teens felt the comic book "spoke to them." Some comments included, "this could happen to you at a party;" "it was good because it didn't give a bunch of rules and didn't get preachy;" "the dialogue was better than most school things you get." One male saw a drawback to the medium. "Teens could be embarrassed to have their friends see them reading a comic book."

YWCA Teen Parents liked the comic book approach and felt it put the situation "into real life." SCORE Teen Leaders liked the comic book with the reservation that "this is kind of corny, but useful. It really comes across that if you get high or drunk, you do things you wouldn't normally do and you might get AIDS."

Rondout Valley High School students were not quite as positive as the other teen groups. Their reaction was to see this mode as "OK" but said it without much enthusiasm. Several seemed to feel they were either too old ("This is for younger kids"), too sophisticated ("This is phony...it's tacky"), or too cynical ("They shouldn't always make happy endings") for this approach. One male suggested the comic should "Scare us more ... make it stick."

Although some adults (Methadone and Probation) felt the comic book approach would be good for teens or even younger children (one person

suggested about 4th grade), others felt that using a comic book made the issue into "a joke" (Drug Free). The prevailing adult sentiment was that this comic book had not worked. "This one is corny, stereotyped, not realistic, and 14 pages is too long" (Parents). "It feels like a mixed message. Are they saying that it's OK to smoke a joint unless it's laced with angel dust?" (Family Shelter). "It seems like the message is if you do drugs, you drive a nice car" (HIV+). "This comic is pure fantasy. No one can stop you from doing drugs that easily or quickly. This is Archie and Veronica. Make it stronger and scarier. Have a member of the group get HIV, get AIDS, and die at the end. Being scared helps" (Drug Free).

IV. Conclusions:

Reactions to these outreach efforts emphasize the need to do early message testing in developing educational materials. It is clear that a number of aspects that writers/designers of these materials assumed would work were generally not successful. Equally important is the fact that certain aspects worked well for some audiences, but not for others. The depth of fine tuning possible after focus groups, such as these, is unlikely to be achieved with any other methodology of review.

To complete an understanding of "what works" in creating outreach materials, participants were asked at the end of each group to describe what they would use to reach persons such as themselves.

Teens agreed that fear would be the best tactic in catching their attention and motivating them to change. They also wanted to see people their own age shown in outreach materials to make it real for themselves. "Scare the piss out of me (SCORE Teen Leaders)!" "Be vivid. Show teen victims of AIDS and their families. The stuff we've seen doesn't mean anything to us" (Rondout Valley High School). "We think it only happens to older people (YWCA Teen Parents). Teens felt that peers and celebrities would be most effective in outreach, although doctors would be good for giving information. TV was the clear first choice of medium.

It is interesting to note that in a another focus group study of high school students from around the state, it was also noted that students were most comfortable with TV as a form of HIV education. As these researchers noted, "....students felt comfortable with the media because of their familiarity with

celebrities who are powerful, prestigious, yet nonjudgemental figures in their lives."[1]

Adults felt similarly to teens that TV was the best medium for outreach.

Adults were more concerned with having an 800 number on all outreach efforts so follow-up calls might be made. While some, especially those who knew someone HIV-infected or with AIDS, felt that fear was the best tactic, others perceived facts as the better approach. Coming down in the middle, participants from the Darmstadt Shelter suggested, "facts plus a scare tactic would be the best option." Adults tended to perceive experts and professionals as more useful than did teens, yet also believed that celebrities could be effective. Using "real people in documentaries in real situations" was also mentioned (Family Shelter).

Adults also voiced a realistic note of cynicism, "If you're active in sex or drugs, you might not care about the information no matter how it's presented" (Drug Free).

Teen and adult groups alike acknowledged the complexity of attempting to do AIDS educational outreach. Comments such as: "you need a variety of approaches...;" "you need different posters for teens, adults, men, women...;" "it has to be something that sticks to my brain...;" emphasize the importance of a multi-media approach aimed at specific target audiences.

In sum, the challenge of undertaking HIV/AIDS outreach is tremendous even as the issue is paramount. Unfortunately, there are no easy answers. There are, however, insights such as those gained from these focus groups that can make a difference in the successful design of outreach materials targeted towards specific at-risk audiences.

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[1]Birenbaum, Arnold, "What High School Students Want From An HIV Education Program and How It Can Be Delivered Effectively: The Qualitative Analysis of the Proceedings of 13 Focus Groups Throughout New York," (A report to the Bureau of School Health Education Services, N.Y. State Education Dept.) Larchmont, N.Y.: Magi Educational Services, 1991, p.16.

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VI. APPENDIX

AIDS TOPIC GUIDE: For Facilitators and Recorders

AIDS TOPIC GUIDE: For Facilitators and Recorders

Introduction:

o Warm-up and Explanation: {10 minutes}

Importance of project: We are doing research to find out how effective different kinds of outreach materials are in educating people about AIDS.

Thanks for coming. Your participation is important in helping us explore a major health issue. We need insights from our audience to help us create the best materials that we can.

Anonymity is assured. Use of name cards is necessary to help us during discussion, but participants may choose a different name from their own, if desired.

We are interested in all ideas and comments. There are NO right or wrong answers. Feel free to agree and disagree with each other. We want to have many points of view.

Honesty is important, but realize that you don't "have to" say anything about yourself that will make you uncomfortable.

Discuss recording and note-taking: It is done so that we can write a report. In doing ten groups, it is important to know which group said what, but individual names will never be used in report. All discussion is strictly confidential. Please treat this like you would a 12-Step group meeting: what you heard here, what you said here, when you leave here, let it stay here.

We want this to be a group discussion. So don't wait for me to call on you. But **please speak one at a time**, so recorder/note-taker can pick up comments.

We have a lot of ground to cover, so I may need to change the subject at times or move ahead.

Let's start with self introductions ("name," age, work, student). (NOTE: Go around table and let each person do a brief intro. Moderator will begin and "model" brief self-intro.) (Record information on Cover Sheet.)

Discussion:

o Knowledge: {15 minutes}

1. We want to know what you, as a group, know about AIDS. Let's start with a volunteer to tell me one thing that you know about AIDS and where you heard it. Then we'll go around the room and have everyone say one thing that you know about AIDS that hasn't been mentioned yet, and where you heard it.

(NOTE: Keep going around room until there's no more information coming. Moderators, do not correct misinformation during group. We are here to learn what participants believe is true. Correct information can be given after group discussion ends.)

2. What's the difference between being HIV positive and having AIDS? (NOTE: Ask only if not answered spontaneously in previous question.)

3. Who would you ask (where would you go) if you had a question about HIV or AIDS and needed to get an answer? Why would you choose this person/ place? (Probe: can maintain anonymity; easily available; trustworthy source; recommended by others; no cost.)

4. Without naming any names, do you know anyone who is HIV positive or who has AIDS? (Get show of hands) Do you have any idea how this happened?

5. By a show of hands, has anyone lost someone — family or friends — to AIDS?

o Attitudes: {15 minutes}

6. Have you ever heard the phrase "being at-risk" or "at-risk of getting infected"? What does "being at-risk" of getting infected mean? Do you know of any "high risk" behaviors? If yes, what are they?

7. Are any of your friends scared of getting infected? (Probe: Why scared or why not scared?)

8. Do you ever feel scared about getting infected yourself? (Probe: Why or why not?)

9. Do you have friends that engage in any behaviors that put them at-risk? Do they know that it's risky? (If yes,) Why do they do it anyway?

o Practices: {30 minutes}

10. Do you know of anything people can do to prevent getting infected? (Probe: sex-related, drug-related)

11. Do you know of anything people can do to prevent giving HIV to others? (Probe: sex-related, drug-related?)

12. You've described some things that people can do to prevent getting or giving HIV when having sex. Realistically, do you think people you know actually do these things? I'm going to mention some of these things again (and add some new ones). Tell me if you think that people you know would be willing to do them:

12a. Not having sex. (Would people you know stop having sex to avoid getting or giving HIV? Why or why not?)

12b. Cutting down on the number of sexual partners. (Would people you know be willing to cut down on their number of sexual partners? Why or why not?)

12c. Using condoms, if they do have sex. (Would people you know be willing to use condoms? Why or why not? Would men and women feel the same or different about this? Are condoms easily available to people who do want to use them? If not, why not?)

13. If you thought you were at-risk of getting infected from having sex, would you consider changing your behavior to do any of these things? (Probe: Which? Why this one/these ones? Why not the others?) Has anyone you know actually started doing anything different? Have you?)

14. You also mentioned some things related to drugs that people can do to prevent getting or giving HIV infection. Again, realistically, do you think people actually do these things? Do you think that people like yourself would be willing to:

14a. Stop using drugs? (Why or why not?)

14b. Stop using needle drugs? (Why or why not?)

14c. Stop sharing needles? (Why or why not?)

14d. Start cleaning needles more thoroughly? (Why or why not?)

15. Apart from using needles to inject drugs are there any other ways people can use needles and be at-risk? (Probe: Injecting steroids? Tatoos? Ear piercing?)

16. Do you see people who drink heavily as being at greater risk for getting HIV infection? Why?

o Reactions to Selected AIDS Media: {45 minutes}

17. We're very interested in how to reach people with information about HIV/AIDS. Is there anything you've read or heard on the radio or seen on TV that's given you good information? (Probe: What was it? Why was it good?)

Now I'm going to show you a few different announcements. I'd like your reactions to each one. We're going to be re-doing some of these in the future and we need to know what works and what doesn't. So, don't be polite. If you think it works, tell us why; and if you don't, we need to hear that too!

(NOTE: Rotate Order of Presentation for Cartoon, Posters, TV, Radio)

***** COMIC BOOK *****

Hand out AIDS Comic Book. Give time to skim (5 minutes max.).

18. What is this comic book telling you?

19. Is there anything you liked or disliked about this? (Probe: Style? Content?)

20. Is this information useful? Why or why not? (Probe: Is there anything that's confusing?)

21. Is this information believable? Why or why not? (Probe: Did it "speak" directly to you?)

22. All things considered, did this pamphlet "work?" Did it get the message across? Why or why not?

***** POSTERS *****

Show 5 AIDS Posters: (Whoopi Goldberg, "License Could Expire," "Stop Worrying," "Let Me Help You" (Condom), and "Drug-related")

Ask same questions for each poster.

Use Random Order of presentation.

IT IS CRITICAL FOR RECORDERS TO DOCUMENT ORDER OF PRESENTATION IN NOTES!!!

List order of Presentation:

1. _____

2. _____

3. _____

4. _____

5. _____

QUESTIONS FOR **EACH** POSTER:

23. What is this poster telling you?

24. Is there anything you liked or disliked about this? (Probe: Style? Content?)

25. Is this information useful? Why or why not? (Probe: Is there anything that's confusing?)

26. Is this information believable? Why or why not? (Probe: Did it "speak" directly to you?)

27. All things considered, did this poster "work?" Did it get the message across? Why or why not?

ASK ONLY AT END: 28. Now that you've seen all the posters, which one did you like best and why? (Record show of hands choosing each poster as best.)

***** TV SPOT *****

Play AIDS public service announcement tape: TV

NOTE: Recorders be sure to document which spot is being discussed!!!

Spot: "Sofa": 60 sec.

Spot: "HIV Positive": 30 sec.

Spot: "Wonderful World": 60 sec.

QUESTIONS FOR **EACH** TV SPOT:

29. What is this announcement telling you?

30. Is there anything you liked or disliked about this? (Probe: Style? Content?)

31. Is this information useful? Why or why not? (Probe: Is there anything that's confusing?)

32. Is this information believable? Why or why not? (Probe: Did it "speak" directly to you?)

33. All things considered, did this spot "work"? Was it too long, too short or just right? Did it get the message across? Why or why not?

ASK ONLY AT END: 34. Now that you've seen all the TV spots, which one did you like best and why? (Record show of hands choosing each spot as best.)

***** RADIO *****

Play AIDS public service announcement tape: RADIO

NOTE: Recorders be sure to document which spot is being discussed!!!

Spot: "Christina": 60 sec.

Spot: "Ask Yourself": 60 sec.

QUESTIONS FOR EACH RADIO SPOT:

35. What is this announcement telling you?

36. Is there anything you liked or disliked about this? (Probe: Style? Content?)

37. Is this information useful? Why or why not? (Probe: Is there anything that's confusing?)

38. Is this information believable? Why or why not? (Probe: Did it "speak" directly to you?)

39. All things considered, did this spot "work"? Was it too long, too short or just right? Did it get the message across? Why or why not?

ASK ONLY AT END: 40. Now that you've heard both radio spots, which one did you like best and why? (Record show of hands choosing each spot as best.)

o Brainstorming on Effective Outreach: {15 minutes}

41. Now that you've seen some of this outreach material, let's do a wrap-up. Is there anything here that would really motivate you to get more information, to take some kind of action, or to change your behavior? What and why?

42. What else could we say to get you to take this information seriously? What would make it more personal and real to you?

43. What kind of approach should we take? (Probe: Tell you the facts? Get you scared? Give numbers to call?)

44. Who should be saying it? (Probe: Doctor? expert? peer?)

45. What's the best way to reach people you know with a message on prevention? Would it be written? radio? TV? poster?

Closing {10 minutes}

Thank you for coming. Before we close, I'm going to ask you to do one more thing. To reach people with information, we need to know what kind of things they read and watch and listen to. I'm going to give you a very brief form that asks you to check off the things you watch and read and listen to. Don't put your names on it. Just check them off and hand it back. And then, feel free to leave.

Once again, I want to reassure you that everything you said in here is strictly confidential and anonymous. Your names will never be connected with any of it.

And, thank you once again for coming. The work that we've done today is very important. You've helped us explore the best ways to reach people like yourselves with HIV/AIDS education.

If you're interested in finding out about the results of these groups, tell the person who invited you to this session and they'll make sure you get some information when we're done. With ten groups, it will take a while, but we'd be delighted to share what we learn with anyone who's interested.

I am: ___Male ___Female Age: _____ Race: _____

On TV, I watch: Name three shows or channels:

1. _____
2. _____
3. _____
4. _____ I don't watch TV.

On the radio, the station I listen to most is:

_____

_____ I don't listen to the radio.

When I read a newspaper, the paper I read is: (check all that apply)

___ Kingston Freeman

___ Times Herald Record

___ Poughkeepsie Journal

___ New Paltz News

___ Huguenot Herald

___ New York Times

___ Daily News

___ NY Post

___ Woodstock Times

___ Saugerties Post Star

Other: _____

____ I don't read newspapers